

FOR PERSONNEL USE ONLY

ANNOUNCEMENT NO. _____

ANNOUNCEMENT DATE _____

POSITION _____

SADF# _____

APPLICATION FOR EMPLOYMENT**MADISON COUNTY****PERSONNEL DEPARTMENT**

Courthouse

Huntsville, Alabama 35801

AN EQUAL OPPORTUNITY EMPLOYER**To The Applicant:**

We appreciate your interest in employment with Madison County, Alabama and assure you that we are sincerely interested in your qualifications. The clear understanding of your educational background and work history will aid us in evaluating and identifying you for the position that best meets your qualifications. Madison County, Alabama being an **equal opportunity employer**, assures you as an applicant, impartial consideration. Madison County complies with laws prohibiting discrimination in employment because of race, color religion, national origin, age or disability. It is the policy of Madison County to provide reasonable accommodation whenever possible in the relationship. Therefore, it is extremely important for you to provide us with that information which would best quality you for the position desired. Your application will be active for thirty (30) days. If not hired within thirty (30) days, you must reapply to be considered for future positions.

PERSONAL

Position Desired _____

Date _____

Name: Last _____

First _____

Middle _____

Present Address _____

No. Street _____

Home Phone Number _____

City _____

State _____

Zip _____

Social Security No. (Voluntary Disclosure) _____

List any other names you have gone by _____

Telephone where you can be reached between 8 am - 5 pm _____

In case of emergency notify _____ Phone No. _____

Have you ever worked for the county before? ☐ Yes ☐ No

If yes, which department(s)? _____

Do you have relatives employed by the county? ☐ Yes ☐ No

If yes, list names, relationship and department where they work? _____

Name _____

Relationship _____

Department _____

Name _____

Relationship _____

Department _____

Valid drivers license? ☐ Yes ☐ No D.L. No. _____ State _____ Exp. _____ CDL ☐ Yes ☐ No # _____Have you ever been discharged from another job? ☐ Yes ☐ No A yes response will not bar you from employment with the county.

If yes, explain _____

Have you ever been convicted of a crime or any other offense other than traffic citations, or do you have any charges currently pending against you? ☐ Yes ☐ No A yes response will not necessarily bar you from employment with the county. If yes, explain _____Were you in the United States Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Date of Duty: From _____ To _____ Rank at Discharge _____

Type of Discharge? _____ Serial No. or Service No. _____

Are you a United States Citizen? ☐ Yes ☐ No

If not, give Alien Registration # _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	Degree and Major
Elementary and Middle			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Check Items In Which You Have Experience.

Typing ☐ Yes ☐ No

If "Yes" Give speed _____ WPM

Stenography ☐ Yes ☐ No

If "Yes" Give speed _____ WPM

Accounting ☐ Yes ☐ No

What "type" _____ No. Yrs. _____

☐ Calculator

☐ Personal Computer Skills

☐ Clerk

☐ Data Processing

☐ Copier

☐ Computer Terminal Oper.

☐ Filing

☐ Statistical

☐ PBX Operator

☐ Receptionist

☐ Correspondence

☐ Clerical Supervision

List any additional skills, experience, or qualifications not listed above or elsewhere on this application. Include volunteer work which you have done that might be relevant to the position you seek

List the kinds of equipment you can operate and the degree of your proficiency (if operation of the equipment might be considered relevant to the job you seek.)

Applicant Certification

I hereby certify that I have been given a description of the essential job functions of the position for which I am applying and that I have had an opportunity to ask questions about these essential job functions, further I certify that I can, with or without reasonable accommodation, perform the essential functions of the job for which I am applying. If required for my position, following a conditional offer of employment, I consent to an initial physical examination, periodic physical examinations and blood or urine analysis at County expense. I understand that this analysis may test for controlled substances.

Signed _____

Availability: When will you be available to begin work? _____ If available for temporary work, indicate the shortest assignment you would accept. ☐ 1 month ☐ 3 months ☐ 6 months ☐ summer

Are you available to work? _____ full time _____ part time _____ shift work _____ over time

If there any hours you are unwilling to work, what are they? _____

Work Experience

Give your employment history below, beginning with your most recent employment and working back. You may attach additional sheets if required. You may attach a resume as a supplement. But it cannot take the place of information requested on the application.

Dates of Employment (Month, Day, Year)	Exact Title or Position	Salary or Earnings	
From	To	Starting \$	Final \$
Name & Address of Employer		Name of immediate supervisor/telephone number	
Reason for Leaving			
Description of duties and responsibilities including number & type of employees supervised:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment (Month, Day, Year)	Exact Title or Position	Salary or Earnings	
From	To	Starting \$	Final \$
Name & Address of Employer		Name of immediate supervisor/telephone number	
Reason for Leaving			
Description of duties and responsibilities including number & type of employees supervised:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment (Month, Day, Year)	Exact Title or Position	Salary or Earnings	
From	To	Starting \$	Final \$
Name & Address of Employer		Name of immediate supervisor/telephone number	
Reason for Leaving			
Description of duties and responsibilities including number & type of employees supervised:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment (Month, Day, Year)	Exact Title or Position	Salary or Earnings	
From	To	Starting \$	Final \$
Name & Address of Employer		Name of immediate supervisor/telephone number	
Reason for Leaving			
Description of duties and responsibilities including number & type of employees supervised:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Personal References

List four persons other than former employers, supervisors, or relatives who are familiar with your qualifications and background. References do not have to be local.

Name and Occupation	Address	Telephone

Unless otherwise specified herein, I authorize all persons listed as references and all former employers to release information to the Madison County Personnel Office relative to my education, training, qualifications, work history, and general fitness for employment.

(Signature) _____

(Date) _____

Please Read Carefully Applicants Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record, and police record through investigative agencies or bureaus of your choice.

Date: _____

Applicant Signature: _____

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Interviewer	Date	Meets Minimum Qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		

Hire Date: _____ Department: _____

Job Classification: _____ Salary: _____

MADISON COUNTY, ALABAMA

Supplemental Applicant Data

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To The Applicant:

The Civil Rights Act of 1964 as amended in 1972 prohibits discrimination employment because of race, color, religion or national origin. Public Law 90-202 as amended in 1978, prohibits discrimination because of age with respect to individuals who are age 40 and over. The information requested is solely for Equal Employment Opportunity reporting, personnel research, and for bona fide occupational qualifications, or other legal permissible

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Date of Application _____
Position _____
Initials _____

Madison County Drug Free Workplace

Madison County has a vital interest in maintaining a safe, healthy and efficient workplace and working environment for all its employees. No applicant who uses illegal drugs will be hired by Madison County. A drug screen will be required prior to employment to determine such drug use.

DATA

1. _____

Last Name
First
Middle
2. _____

Social Security Number
3. _____

Date of Birth
4. ☐ Male ☐ Female
5. Racial or ethnic group (Check One) ☐ White ☐ Black ☐ American Indian ☐ Asian ☐ Hispanic
6. Citizen of U.S.A.? ☐ Yes ☐ No
 If not, please give country of citizenship _____
7. What prompted you to apply for county employment?

☐ Newspaper

☐ Radio

☐ Ala. State Employment Agency

☐ Self-initiated

☐ County Employee

☐ Bulletin Board

☐ College Placement Office

☐ Community Announcement

☐ Other (Specify) _____

Public Disclosure of Government Documents

I understand that documents, including applications for employment, can be officially requested for public disclosure. I request that my application for employment be kept confidential, available only to appropriate Madison County personnel for the purpose of my interest in employment with Madison County. Disclosure of information contained in this application could cause undue harm or embarrassment to me.

Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment, I hereby authorize release to the Madison County Commission or its designated representatives, any and all information concerning my employment, credit record, education, criminal history, personal background, and any other information which may be beneficial in determining my qualifications and fitness for the position(s) for which I am applying.

I hereby release all parties, which may provide this information, both individually and collectively, from any and all liability for damages of any kind which may result to me because of compliance with this information.

In signing this authorization, I understand that this release will be used only for the purpose of obtaining information relative to my application for employment.

A copy of this release may be used in lieu of the original signed document.

Listed below are any other names by which I may have been known.

Name (Print)

Date

Signature

Social Security Number